Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN379AGC	A. BUILDING _____ B. WING _____	10/28/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANTHONY FAMILY HOME CARE	1885 CASTLE WAY RENO, NV 89512

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Y 000	Initial Comments Surveyor: 25375 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation conducted in your facility on 10/8/09 to 10/21/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled person, category I. The census at the time of the survey was four. Four resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified: Conplaint intake number NV 00023260 was investigated and substantiated with deficiencies cited at Y 050 and Y 590.	Y 000		
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review and interviews on 10/8/09 to 10/21/09, the facility administrator failed to provide oversite and direction to caregivers to provide for the needs of 1 of 4 residents. (Resident #1) Cross Reference Tag Y 590 Findings include: Review of a report from the Division of Aging Services dated 10/8/09, revealed on 9/30/09, at 12:30 PM, 2 state employees were conducting a courtesy check at the facility. They observed Caregiver #2 physically pushed Resident #1 into a chair, and then restrained her from getting up and yelled at Resident #1, "you have to sit, you have to stay here!" Review of the employment file of Cargiver #2 revealed no documentation of training to meets the needs of residents. Severity: 3 Scope: 1	Y 050		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209	Y 175		

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Y 175	Continued From page 2 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observations and interviews on 10/8/09-10/21/09, the facility failed to keep the facility free of obsticle and hazards that impede the free movement by 4 of 4 residents Findings include: Obervation of the main exit of the facility, the front security door had a device on the inside handle that required special knowledge to open the it. This surveyor was unable to open the door to leave the facility without special instructions from the administrator. In interview, the facility administrator stated that the device was there to prevent Resident #1 from leaving the facility. Severity: 2 Scope: 3	Y 175		
Y 178 SS=E	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.	Y 178		

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Y 178	Continued From page 3 This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation and staff interview on 10/8/09, the facility failed to maintain the floor in 1 of 2 bathrooms (in bedroom #4). The linolium floor was cracked and the layer of vinyl tiles over it were cracked and broken. The duct tape was peeling.so it could not be sanitized. Severity: 2 Scope: 2	Y 178		
Y 180 SS=F	449.209(7) Health and Sanitation-Lighting NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation and interviews, the facility failed to maintain electrical lighting to ensure the comfort and safety all 4 of 4 residents of the facility. Bedroom #1(Resident #4) did not have a bedside or table lamp for reading. Both bathrooms were lit with single low voltage florescent bulbs. Severity: 2 Scope: 3	Y 180		
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection NAC 449.229	Y 435		

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Y 435	Continued From page 4 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation on 10/8/09, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually. Severity: 2 Scope: 3	Y 435		
Y 590 SS=G	449.268(1)(a) Resident Rights NAC 449.268 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review and interviews on 10/8/09 - 10/21/09, the administrator failed to ensure that 1 of 4 residents (Resident #1) was not physically restrained and mentally abused by 1 of 2 caregivers (Caregiver #2). Cross Reference Tag Y 050 Findings include:	Y 590		

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Y 590	Continued From page 5 A report of resident abuse was recieved on 10/8/09. the report indicated that on 9/30/09, at 12:30 PM, 2 state employees were at the facility While 1 employee was interviewing Resident #4, the other was trying to interview Resident #1. Caregiver #2 was observed to physically pushed Resident #1 into a chair, and then restrained her from getting up. Both state employee reported they heard Caregiver #2 yell at Resident #1, "you have to sit, you have to stay here!" Interview of Caregiver #2 on 10/12/09 revealed she got upset that the two state employees just walked into the facility (because she said she forgot to lock the front door). Caregiver #2 reported that Resident #1 was pacing the living room so she helped Resident #1 sit down in a chair and told her to stay there. Interview of the facility's administrator revealed that Cargiver #2 was terminated on 9/30/09 after she was notified by the state employees of the occurrance. Review of the employment file of Cargiver #2 revealed no documentation of training to meet the need of residents. Severity: 3 Scope: 1	Y 590		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a	Y 859		

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Y 859	Continued From page 6 resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review on 10/8/09, the facility failed to ensure that 1 of 4 residents received a pre admission physical (Resident #1). Severity: 2 Scope: 1	Y 859		